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## **COVER LETTER**

TO:

TO: Registration Division of C			
G SPOT SUBJECT:	& HOLESHOTZ LLC		
	Name of Li	mited Liability Company	
	of Amendment and fee(s) are su		
Please return all corres	pondence concerning this matte	r to the following:	
	LISA RICHMOND		
		Name of Person	
	G SPOT & HOLESHOT	Z LLC	
		Lirm-Company	<del></del>
	3825 N SCENIC HWY		
	<del></del>	Address	
	LAKE WALES, FL 3389	ų.	
		City/State and Zip Code	
	115a richmon	to be used for future administreport not	Com
For further information	E-mail address: concerning this matter, please c		(fication)
LISA RICHMOND	g	_	
Name	of Person	ar( <u>Sle3_)_949-</u>	4243
		Aren Code Daytim	ne Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (add@onal.copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Registi Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, F1, 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013

2013 - 3 Pil 2: 34

G SPOT & HOLESHOTZ LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/07/2019 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L19000200748 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dennist	Richmand 4786 Breezer Di	338 <b>59</b> —■ Add
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